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ANATOMICAL PATHOLOGY OF MENTAL ALIENATION—CONCLUDED.

Idiotcy.—Weight of Brains.

WE have now almost completed the view of the actual state of science regarding the organic lesions of the brain in mental alienation. Since my last lecture, I should state that I have received a communication from a gentleman who totally denies the accuracy of M. Foville's assertions. Perhaps M. Foville is wrong. It is very possible; but, at the same time, I must observe that those who have pathological facts to advance against him should do so openly. They should publish their investigations and results. This is the only mode of arriving at scientific truth respecting controversies.

The organic characters in another species of mental alienation—namely, *idiotcy*—now remain to be considered. They may be of two kinds, the result of original malformation, or dependent on morbid action. Of the first description is the smallness of the brain, the deficiency of its anterior and superior circonvolutions, which give the idiot's head, occasionally, the aspect of that of the very inferior animals. Sometimes the circonvolutions may be remarkable for hardness; or while the cranium appears of full size, there may be deficiency or absence of some of the internal parts essential to the discharge of the intellectual functions, and which parts may be replaced by serous cysts, according to that law of formation to which I have already called your attention. As an illustration of manifest morbid action, again, may be mentioned the proofs of chronic encephalitis, so frequently found in the brains of these individuals. Indeed, almost every variety of encephalic disease may be met with. On the whole, it is certain that in idiotcy the brain presents organic alterations in the vast majority of cases. It is true, however, that cases have been recorded in which anatomy detected nothing. These, however, are extremely rare. From the phenomena afforded by idiots, too, this important fact may be regarded as ascertained, that the development of the cranium invariably follows that of the surface of the brain. A foreign physician, M. Say, has recently described a case in which, proportionably to the diminution of the brain, a corresponding increase was observed to a most remarkable extent in the nervous system of organic life. The sympathetic ganglia, the cervical, thoracic, &c., were enlarged to double or treble their normal size. This observation, however, has not received the least confirmation.

This completes what I have to say to you respecting the strictly anatomical part of the question, which, on the whole, presents several positive and several conjectural points for your consideration. Another mode of research has some time since been appealed to, particularly by

M. Miguel, who advanced some facts tending to show the comparative specific weights of the brains of the rational and insane. He believed that the brains of the insane were the lighter. M. Esquirol investigated M. Miguel's idea, but arrived at no positive results. M. Leuret, however, has very recently put the matter to the test of accurate experiment, using an extremely delicate hydrostatic balance for the weighing. His results, as the following table will show, are diametrically opposed to M. Miguel's opinions. He ascertained, by numerous experiments, that the

Standard sp. gr. in *Reason* was	1.28
In *mental alienation*—Acute delirium . .	1.30
Mania	1.31
Dementia	1.32
Monomania	1.34
Mean sp. gr.	1.32

Insanity illustrated by Phrenology.

Another very curious and important question now presents itself—namely, are there peculiar conformations of the brain which predispose to corresponding kinds of mental alienation? Respecting this I must enter into some details, especially since the solution of the problem affects the foundation of the celebrated system of Gall—a system reposing upon facts, concerning which much controversy has arisen. In the first place, then, we should ascertain how far the different inclinations, affections, instincts, and intellectual faculties of many, may show themselves in an isolated manner, or one predominant above the rest, and how far the separate acts of the intellect may be distinctly and separately performed. That such is the case, very little doubt could exist, on the contemplation of even the ordinary phenomena of the mind.

The history of monomania further proved, that the mental faculties could also be individually diseased. Here, then, were both the physiological and pathological demonstrations of the affirmative of the first question. But the problem then arose, Are there special cerebral organs destined to the special faculties of the intellect, to the different instincts, passions, &c.? To decide this interesting question, Gall directed all the force of his powerfully analytic mind. We shall presently see the broad bearings of the facts he collected, and the inferences he drew from their consideration. But I must first notice one or two collateral points in the inquiry.

In the first place, with respect to the correspondence of increased development or diminution of particular parts of the brain, and the preponderance or deficiency of particular ideas, it is necessary to understand that four different cases may alike occur. *First*, a part of the brain may be greatly developed, while the rest retains the usual proportions; *secondly*, a part of the brain may be unusually developed, all the rest having less than the normal size; for example, the cerebellum, or posterior parts, of the brain augmented in size, while the anterior lobes are correspondingly diminished. It is highly important, as we shall soon see, to distinguish these two cases, for in the first we may, by a particular direction of education, succeed in obviating the special tendency—an attempt which is almost hopeless in the second. The *third* variety is that in which a part is less developed than natural, all the rest being of the normal proportions. In the *fourth*, lastly, all parts are less than they should be. We must bear in mind these preliminary distinctions, before we can approach Gall's peculiar doctrines. We must also recollect, that in a vast number of cases insanity occurs in consequence of accidental circumstances already explained, and totally independent of original conformation or predisposition ; for example, under the operation of injuries or disease. But can we, then, in any case predict the future occurrence of mental alienation from a peculiar configuration of the head ? Here, again, another preliminary question arises respecting the conformity of shape of the bony parietes with that of the superfices of the brain. Concerning this important point, it is certain that in some individuals the parallelism between the cranium and the brain is not exact ; but it is equally true, that in the majority of individuals they rigorously correspond with each other. A remarkable proof of the correspondence between the brain and its bony envelope, is further to be derived from the pathological fact of the nutrition of the bones becoming altered—their diploe disappearing—their tables becoming attenuated in certain internal cerebral affections, and in the place corresponding to the internal lesions. We must remember all these facts, and also bear in mind the changes of form in the cranium, which the action of the muscles is capable of affecting, before we proceed to judge of Gall's opinions—the most marked points in which I shall now examine, selecting rather illustrations of his principles, than the principles themselves.

Let us take, for example, the results of his investigations respecting the individuals who display an excessive venereal instinct. He found in them a corresponding development of the cerebellum. This excessive tendency, again, often becomes exaggerated to insanity ; it assumes the forms of erotomania, satyriasis, or lymphomania. In these persons the cerebellan development was in many instances astonishing. Gall accordingly referred the organs relative to the sexual functions to the parts of the encephalon corresponding with the enlargement he had observed. He moreover analyzed the various impulses, discriminating that for copulation alone, from that which prompted to the love of offspring. The phenomena of monomania went far to prove the propriety of this analysis. In many curious cases of this affection, women have believed themselves pregnant ; nay, men have also fancied themselves so. Many are persuaded of change of sex, &c. Now in these alienations, Gall views an aberration of the action of the peculiar parts of the brain which he believes to direct the venereal instinct and the love of offspring. It is quite indisputable, that the existence of many cases of corresponding occipital development or diminution, has been well ascertained.

Again, let us look at the monomaniac tendency to murder. In almost every instance previous to the occurrence of the monomania, these persons were remarkably *defensive*, so that the alienation seemed rather an exaggeration of the natural instinct of self preservation. According to Gall, the seat of the organ directing this instinct corresponds with the posterior, inferior, and external angle of the parietal bone, which part he states to have been developed remarkably in some individuals who had perpetrated horrid murders of this description. In some of these cruel and ferocious beings, the space above the external meatus auditorius was enlarged almost to deformity. In the busts of several monarchs and warriors of ancient times, this expansion is very remarkable. This increase of size may correspond, you will recollect, with various degrees of augmentation, diminution, or equality, of the cerebral organs. According to the existence or absence of this equilibrium, will the propensity to destruction prevail or be counteracted.

There is another monomania, again, that of theft, to which Gall paid much attention, and which he very ingeniously regarded as an exaggeration of the natural instinct of acquiring, of making provision, &c. He places the corresponding organ opposite the middle of the temporal fossæ; and in proof of the propriety of this distribution, he adduces the extraordinary case of a man who received an injury on this part, who during his illness was perpetually tormented with a desire to steal. When the wound was healed, the monomania disappeared! I may here remark, with respect to the localities of Gall's cerebral organs, though we must expect, from the very nature of things, to be compelled to differ from them, nevertheless I hold that the principles of his system are incontestably established. For example, when he alludes to the exaggerations or perversions of natural pride, which, on the one hand, tempt to inordinate ambition, or, on the other, to excessive humility; and when he assigns to this organ the space immediately behind and below the summit of the head, declaring that in the one case this part is protuberant, and in the other depressed, I think we may seek for additional facts before we subscribe to his opinions.

Another of the instincts common to man and animals, is caution or circumspection; this to an excessive degree is often witnessed in man, commencing even in the earliest indications of the mind. Its operation is seen remarkably in hypochondriasis and analogous affections. From the observation of many men thus affected, and from the examination of the heads of some animals remarkable for their timidity, Gall was induced to place its seat in the part of the brain in apposition with the superior and posterior part of the parietal bone. In excessively small developments of this part, he conceives that the contrary tendency, that of extreme carelessness and contempt of danger, will be found to exist.

All these tendencies and instincts, I repeat, are common to man and several inferior animals, and the condition of man resembles or differs from these animals in proportion to the preponderance or deficiency of the parts in question. As an idiot, indeed, he becomes almost identical with some animals low down in the scale of existence. Let us now look at the distinctive faculties of man, at his intellectual operations, and see how our ideas regarding them should be influenced by this peculiar system. All those organs we have noticed are seated towards the back of the head, the part peculiar to the inferior animals, and the part so strikingly predominant in the idiot. The intellectual faculties, on the contrary, have their seat in the anterior regions, the parts in which the structure of man surpasses that of the rest of the creation, as much as his intellectual faculties are superior to the instincts of the lower beings. The incontestable truth of the doctrine of the possible isolation of the intellectual faculties of man, and the analysis of these faculties thereon dependent, are things, too, which thirty years ago were barely suspected, and which Gall has now placed beyond dispute. I am full of admiration for that man. His classification of the operations of the intellect, the wonderful acuteness and perfect judgment with which he resolved the most complex mental processes into their simple component elements, are absolutely beyond all praise.

There is one intellectual property very remarkable in man, that of educability, of susceptibility of increasing perfection. The seat of this faculty, according to Gall, is in the middle and lower part of the forehead. Its great development leads to admirable facility of learning. When irregular, it tends to create a thirst, a desire for innovations of every description; when deficient, the individual is as remarkable for his attachment to routine. In juxtaposition with this, as well in animals as in man, we find the organ which prompts us to the *change of place.* Most men experience this instinct with respect to traveling; urged some degrees further, it becomes a true monomania. This is termed the organ of *locality*, and, according to Gall, is situated between the eyebrows. This is another example of the admirable facility with which Gall drew everything to his subject. The *memory* of *words* is another faculty respecting which he displays the happiest ability. He refers it to the part of the brain corresponding with the interior part of the orbitar arches. Some men are, you know, remarkable for a strange inability to learn words or languages; others, again, are as remarkable for their aptitude in this study. I pass over several asserted organs of faculties, the proof of the existence of which appears to be as yet deficient; for example, those of mathematics, 'music,' 'analogy of ideas,' and others to which I need not allude. Those of benevolence and religion seem to be better established. In conclusion, I have no hesitation in stating, that I regard the principles of Gall as fully proved, and I believe that he is not much astray in assigning particular cerebral parts to special instincts or intellectual faculties. But we must not forget that no science was ever brought to perfection at once, and that, consequently, it is but fair to presume that Gall has fallen into errors which do not in the least degree invalidate the principles of phrenology. A puerile objection has been made to his system, founded on the small development of the anterior portions of Voltaire's brain. This is, I repeat, puerile, because the essence of Gall's doctrine is the comparative size of one part to the rest. Now Voltaire's head was generally small, but it was large in proportion to his figure, which you all know was very diminutive.

From the preceding observations, then, you may perceive (with reference to the question proposed at the commencement of this lecture, namely, whether from certain conformations of the head, the future occurrence of mental alienation may be predicted, and its kind specified), that I am inclined to answer in the affirmative, not losing sight in any case of the modifying circumstances to which I have directed your attention. As a general rule, it may be stated, also, that when the circumference of the head is only between twelve and fifteen inches, the mental condition can be little above idiotcy. Eighteen inches may be regarded as the circumference necessary for intelligence; at twenty, the mental faculties are still more developed; and from twenty to twenty-two inches, they attain their maximum power.—*London Lancet.*

CHANGES OF THE FINGERS IN PHTHISIS.

On the Changes which the Points of the Fingers undergo in Phthisis, &c.

Hippocrates remarked that, in those who died of pulmonary consumption, the nails became bent—'phthisitis ungues adunci.' The assertion used to be called in question by many medical authors, but M. Pigeaux, who has directed his attention to this subject, and written a 'memoir on the etiology, symptomatology, and the mechanism of the fusiform development of the extremities of the fingers,' fully confirms the truth of the aphorism. He examined the hands of 200 phthisical patients, and found that 167 of these were provided with 'griffes Hippocratiques.' Every tubercular patient does not certainly present this phenomenon, but in other diseases of atrophy the proportion is much smaller, not exceeding one in ten. It appears, therefore, that a certain relation may be traced between thoracic maladies and the curving of the nails, although it occurs in other diseases, but certainly not so frequently. In 183 cases of diseases not tuberculous, but which had produced great emaciation, 17 exhibited the phenomenon of the curving of the nails, in a very remarkable degree; of these 17, nine were cases of organic affections of the heart, four of emphysema, two of asthma and catarrh, and two doubtful. An obvious dyspnœa existed in 13 of these cases, and also in almost every one of the 167 tubercular cases. I have no doubt, that some connection may be traced between all such maladies as create an impediment to the respiration or circulation, and the appearances of the nails alluded to, or, at least, between the former and the fusiform swelling of the last digital phalanx, with which the curving is generally associated. In 20 of the 167 tubercular cases, the patients had not lost their embonpoint. After many examinations into the cause of these phenomena, I am satisfied that the change in the points of the fingers precedes, and is the cause of, the curvature of the nails. Now this change consists chiefly in an œdematous infiltration of the pulp of these, by which the nail becomes mechanically forced out and forwards, and thus its end is curved round. As a general rule, it may be stated that the fusiform development of the last phalanx of the fingers, with the curvature of the nails, is generally indicative of the presence of tubercles, or of any derangement of sanguification. If we notice particularly the change of form, we find that the swelling begins at the articulation of the third with the second phalanx—that it increases somewhat towards the root of the nail, which becomes the most projecting part, and then it tapers off to the end of the finger: the thumb and fore-finger are generally affected first. The progress of this affection does not depend so much on the 'phases' of tubercular disease, or of organic affections of the heart, as on the influence which these have on the general state of 'hematosis' and of respiration. I have observed it to increase, diminish, and even to vanish, with the removal of the cause which had produced it. It is more common in women than in men; it is much more rarely seen in the toe-nails, with the exception of that of the great toe, the swelling of which, and the consequent 'growing of whose nail into the quick, often gives rise to much pain and annoyance.' To impress his readers with the importance of the above appearances, as symptoms, the author says that he has, by attention to this particular, repeatedly been enabled to foretell the severity and danger of a pulmonary catarrh, of a pneumonia, &c., which were supposed to be of an innocent nature. He therefore regards it as a very unfavorable sign; it exists, he says, in six-tenths of consumptive patients, and, on the whole, it is more frequently seen in those who still retain their embonpoint, than in those who are much emaciated. If the above remarks be confirmed by experience, it must be considered as a valuable adjunct in guiding our diagnosis. The anatomy of this change will be readily understood from what has been stated above. The nail, separated from the finger, appears very little, or perhaps not at all curved; but when in situ, it is found to be elevated and pushed forwards by the infiltrated pulp *underneath*; the bone is not altered.—*Archives Générales.*

HEREDITARY DISPOSITION TO HEMORRHAGE.

A Case of Hereditary Disposition to Hemorrhage from Slight Wounds.

By E. Woodward, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

The following case of hemorrhage occurred in my practice. I could find nothing in books to direct me in its treatment, until I took up No. XVII. of the North American Medical and Surgical Journal, and found a case there, published from the transactions of the Royal Medical Society of Copenhagen, which very much lessened my anxiety respecting the fate of my patient. The profession, I think, may be benefited, by circulating a similar case in your Journal.

The patient, E. N., was about four years of age, a healthy and robust boy, born of healthy parents. The mother has a slight disposition to hemorrhage, and has had one child previous to this, of a similar constitution, but which did not live to be more than two or three years old. I was first called to this child early last autumn, to see a slight cut on his finger, from which there had been a constant hemorrhage for five or six days, that was readily arrested by lint and a compress.

Eight or ten weeks after the former accident, this child fell down on the floor, struck his forehead against some article of furniture, and cut a small gash over his left eye, which the mother bound up with lint and a compress. These remained on five or six days. At the end of that time the dressing was removed, the wound found in a state of healthy suppuration, and dressed with simple cerate.

That night, however, the wound began to bleed. In order to check the hemorrhage, it was filled with lint dipped in stiptics, and bound down with compresses; but the blood continued to ooze under the scalp, and form a large tumor, which could not be prevented from enlarging by compresses, lint, and stiptics, until the scalp was loosened from the forehead to the vertex. At this time, I concluded that my patient, having already been bleeding five or six days, would inevitably bleed to death. The opinion of a more experienced surgeon was sought, and his advice was, that the scalp should be laid open the whole length of the tumor, the wound cleansed, and filled with lint bound down with compresses.

This was accordingly done, and the hemorrhage ceased for four or five hours, and then returned with a violence increased in proportion to the extent of the artificial wound.

It was at this period of the case, that I happened to open the Journal mentioned in the first part of this article; and from the cases there related, I determined to let my patient bleed without further interference, as long as there was a drop of blood in him, and hoped that he would then get well. He continued to bleed for eleven days, and the bystanders supposed that he lost a gallon of blood. I should have formed the same judgment, if my patient had been full grown; but at his age I thought it impossible for him to lose so much, and not lose his life. About the eleventh day, when the child was entirely blanched, and appeared almost lifeless, the hemorrhage ceased, and the wound began to suppurate.

After suppuration had freely taken place, the lint and compresses were removed, and the edges of the scalp brought together with adhesive straps. The wound began to granulate, and in a month's time the boy was apparently as hearty as ever, with the exception of a wound three or four inches in length, and from half to three fourths of an inch in width, fast cicatrizing.

Quincy, May 1, 1833.

FOREIGN PRACTICE, AS APPLIED TO DISEASES OF THIS COUNTRY.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—In the number of Johnson's Medico-Chirurgical Review, for January 1833, there are many remarks, and some whole articles, that apply much more directly to the diseases of this country, particularly of New England, than we are in the habit of meeting in most of the European writers of the present day. The *practical* parts of Huxham, Pringle, Cullen, Fordyce, and Darwin, as a general rule, afford a better outline for the treatment of *our* fevers, than most of the productions of the English writers of the present century. The extreme depletion and evacuations, recommended by most foreign authors, however proper or necessary it may *perhaps* have been in their latitude, is very ill adapted to most of our acute complaints. It is apt either to sink the patient irrecoverably, or to protract the disease, and produce a tedious and imperfect convalescence.*

In page 149 of the Review, there is a very handsome article upon Dr. Hackan's report of cases in the Dublin Fever Hospital, for the year 1832. The editor remarks, 'of late, patients have not been able to bear loss of blood so well as in former years. We are of opinion that it is owing to some unknown state of the earth or air, for the same inability has been observed all over Great Britain, and not among the poor only, but among all classes of society.' This is the testimony of Dr. Johnson himself.

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* The late Dr. Armstrong tells us, notwithstanding he so strongly advocates depletion, that it is not borne well by the inhabitants of London. He might have extended his exception, probably, to almost all other cities, as well as to the country, during the prevalence of an atonic epidemic constitution. The fact is, typhoid diseases are generally more malignant in the country than in large cities.

Speaking of delirium tremens, a form which typhus is apt to assume, when it attacks the intemperate, Dr. Hackan says, 'our chief reliance, from the very onset, must be on the free use of stimulants, wine, camphor, and opium. Woe to the unfortunate patient, whose delirium is mistaken for that of meningitis. Two such fatal mistakes came to my knowledge during the last year.' In confirmation of his views, Dr. H. refers to a lecture by Dr. Elliotson, published in the Lancet, to show that practitioners are 'often obliged to vary their course, not only in different subjects, but even in the same case, according to the stage of the disease, the organs affected, the patient's constitution, and other considerations.' He further observes, 'in confirmation of this, I might refer to a lecture of Dr. Elliotson himself, more lately published, in which he declares that he found it necessary to order wine for [some] patients, then laboring under the first stage of fever.'

In page 156, there is a notice of Dr. W. Stokes's manner of exhibiting opium in large doses in certain diseases. This is a very important article. It is really surprising that this practice should appear to strike the able and learned editor, though he seems to think favorably of it, as something novel and strange. The plan of Dr. Stokes differs very little if at all from that which has been successfully employed in many parts of our country, in severe and sinking cases of pneumonia, dysentery, typhus syncopalis, and, in a word, in almost every low typhoid case, whether it is attended or not with any apparent local affection, or atonic inflammation. In page 265, in the review of Messrs. Tweedie and Gasellee, there are perhaps the best remarks upon the use and abuse of opium in cholera (which after all is the sheet-anchor, and always indicated in some form or other in this disease), that are anywhere to be found.

In page 269, Dr. Thompson's treatment of the collapse of cholera, together with his manner of employing opium and other stimulants, appears to be more rational, and to promise greater success, than most others which have been offered to the medical world since the appearance of that disease in Europe and America. If these gentlemen had known the importance of capsicum as an adjuvant to opium, or had enforced its employment in the obstinate cases, in the present state of our knowledge, it would seem that there is not much to be added to improve their respective modes of practice.

On the whole, as was suggested in the beginning of this communication, the number of the Medico-Chirurgical Review now under consideration, not only in the articles referred to, but taken collectively, is one of the most valuable in the whole series, as respects its application to our diseases. It ought to be read and studied, particularly by all the younger members of our profession, and especially by those practitioners who are so addicted to tradition, as never to allow themselves to adopt any mode of practice till they find it first sanctioned by European authority.

To those who are familiar with our own writers upon low, typhoid diseases, there will be little new upon the subjects of depletion and opium, except that their general views and practice are now, though it is at a late day, beginning to be adopted in Europe, and finally have the sanction of the first of the foreign journals in their favor. SENEX.

Middletown, Ct., May 6, 1833.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 15, 1833.

HUMERAL PATHOLOGY.

In a late number of the London Medical Gazette, an interesting account is given of the diagnosis and cure, by Baron Dupuytren, of a dislocation of the humerus of more than a month standing. The symptoms presented by the case were, projection of the acromion; flattening of the deltoid; the elbow separated from the trunk, and incapable of being brought close to it; incapability of raising the arm towards the head; and lastly, a bony projection in the axilla. These circumstances were indicative of the existence of dislocation; but they were likewise such as to induce suspicion of fracture. There was indeed no crepitation; but this might be accounted for, admitting the supposition of fracture, by the length of time which had intervened since the accident.

Under these circumstances an attempt at reduction was agreed upon, care being taken to avoid the injury which the patient might sustain, if the case was really a fracture. Before proceeding to the operation, the patient was prepared by venesection, the application of poultices round the joint, by baths and moderate doses of the watery extract of opium. On the day appointed, reduction was attempted. Extension was made as usual, but the reduction was not effected. It was, however, observed, that the deltoid was less flattened; a circumstance which, coupled with the ineffectual attempts at reduction, gave additional probability to the idea of fracture, for the diminished flattening of the deltoid might result from a slight displacement of the yet tender callus. In order to increase this tendency, a large pad was placed between the arm and the trunk, and the elbow bound as close as possible to the side by means of a bandage. At the end of four days this treatment was found to have produced no effect.

In consequence of these difficulties it became imperative to examine very minutely the disposition of the parts in this patient. This examination was made jointly by M. Dupuytren and by Dr. Malgaigne, a young surgeon. The following results were obtained. 1. In the first place there was a considerable elongation of the injured limb; whereas, in fractures of the long bones without displacement, the limb preserves its natural length, and if there be displacement it is attended with shortening. In this female the limb, measured from the projection of the acromion to that of the olecranon, or to one of the condyles of the humerus, was longer by half an inch than the corresponding portion on the other side. This single symptom the Baron considered an irrefragable proof of the existence of dislocation. But besides this, other evidences of the same fact were pointed out by M. Malgaigne. 2. One of these was the augmentation of the depth of the anterior wall of the axilla; in the present instance, when measured from the inferior edge of the clavicle to the free anterior edge of the axilla, the axillary wall of the affected side was larger by half an inch than that of the opposite. 3. Next, the head of the dislocated bone should form a projection, in the spot where the subclavian hollow is usually situated. The difference of aspect thus produced is remarkable in thin people, and in the case under discussion was fully marked. 4. Lastly, M. Malgaigne observed, that on pressing with the fingers immediately under the acromion, the deltoid muscle is readily depressed in a case of luxation, and this was precisely what was observed in the case of this woman. These four signs, always present in dislocation, always absent in fracture, and even if isolated sufficiently conclusive, were demonstrated in the amphitheatre.

The next point was to determine whether the length of time which had elapsed since the injury, contraindicated the operation. This being on mature consideration decided in the negative, the remaining question regarded the mode of operating in view of the fact that the plan already attempted had proved unsuccessful. M. Malgaigne proposed, as a modification, that in extending the arm it should be forcibly lifted up, instead of being extended in a depressed and elongated position. This mode of operation was finally resolved on.

The preparations being duly completed, the operation was commenced in the following manner. The patient being placed in the recumbent posture, a folded sheet was placed over the acromion, its two ends brought towards the feet, and held at first by assistants, but afterwards secured in a ring. The loop for making extension being arranged as usual, was entrusted to two assistants, and the dislocated arm lifted up as high as possible, so as to render it almost parallel with the axis of the trunk. The first extension only appeared to cause inconsiderable pain. The head of the bone appeared perfectly in the hollow of the axilla, which it filled up. Gradually it elevated itself towards the cavity to which the extension drew it; and the two borders of the axilla, previously effaced, now began to disclose the cavity which separates them in their ordinary state. Meanwhile pressure was made with the fingers and the palm of the hand, on the head of the humerus, to assist it in regaining its cavity, to the level of which it had apparently reached. Twice in this expectation was the arm brought towards the trunk, but it refused to enter. M. Dupuytren himself now undertook the operation, and extension having again been repeated, the hand was pressed vigorously on the dislocated head of the humerus; the assistants then depressed the arm and brought it close to the trunk, still persevering in the extension. A first trial failed, but a second completely succeeded, and the bone returned to its socket without any noise. The shoulder had now regained its roundness; the elbow readily approached the trunk; the movements of the articulation were performed with facility; and finally the projection of the axilla disappeared. On repeating the measurement of the arm it still remained longer than natural, and the head of the bone under the acromion process produced less projection than usual. The modification introduced by M. Dupuytren, without doubt, contributed to this success; for by pressing the bone from below upward, with increased vigor, during the time that the efforts at extension were made, he fairly forced it into place.

The elongation of the limb remained. It appeared as if some portion of capsule had become entangled in the cavity, or that there had occurred an enlargement of the cartilages. The latter might have arisen from either of two causes; inflammation consequent on the injury, or an effort of nature to fill up the cavity.

Two other cases afterward presented themselves of subcoracoid luxation, which were operated on in the same manner with entire success. The subjects in both were females of little muscular strength and spare habit, and of course exceedingly favorable subjects for the performance of the operation.

PROJECTED MEDICAL PUBLICATION.

It is understood that a new weekly is to be started very soon at Washington, D. C., under the editorial care of Professor Pattison, the plan of which is commensurate with the increasing eagerness for medical knowledge among the American Faculty, and the observation, skill, and celebrity of the accomplished editor. The work is to be called the 'Cyclopœdia of Medical and Chirurgical Science,' and to be devoted to the republication of standard works in medicine and surgery, to the diffusion of medical news, and to a general review of the progress of medical and surgical science. The means adopted for carrying this extensive plan into execution seem to be such as will tend to ensure success. A gentleman is now abroad, engaged in directing to the establishment the various streams of professional knowledge, and an experienced engraver has been engaged to reside at Washington, for the purpose of executing the engravings that may be required for illustrating the subjects treated of.

Each weekly number is to consist of 64 royal octavo pages, and the subscription price will be 10 dollars per annum. A work of this kind has never before been undertaken in this country. It appears eligible, and will not fail, we trust, for want of such patronage as the profession are so well able to afford to the couriers of that knowledge by which they acquire sustenance, distinction, and, too rarely indeed, an ample independence.

NEWS FROM THE WEST.

We learn from the Western Medical Gazette that our friend and neighbor, Dr. Jennison, of Cambridge, has invented and procured a patent for a foveat and compressor, or 'a new mode of preparing and using fomentations, in cases of sickness and surgery.' The vast number of cases in which fomentations of some sort are required, their incomparable power in bringing relief from pain to the sick and the surgerised, and the careless manner in which they are too often applied and managed, render any instructions on this head nothing inconsiderable.

In what measure the invention of Dr. J. is entitled to confidence and adoption, each one may judge for himself, after the means of forming an opinion are put fairly in his possession. For ourselves we would, at present, only recommend his account as worthy, for the reasons above stated, the grave consideration of the reader. That the invention of Dr. J. may be fully appreciated, we offer, below, his own communication, which we have seen only in our Cincinnati contemporary, from which we copy it.

TO ALL PEOPLE TO WHOM THESE PRESENTS SHALL COME:

Be it known, that I—Timothy Lindall Jennison, of Cambridge, in the county of Middlesex, and State of Massachusetts, physician—have invented a new and useful improvement in the mode of Preparing and Applying Fomentations in Sickness and Surgery; and that the following is an exact description of the construction and operation of my invention, consisting of a *foveat* made of silk, cotton, linen, or other suitable cloth, with circular cavities appended thereto, designed to include small pieces of sponge or curled horse-hair, or appropriate aromatic herbs, and other vegetable matters, at the discretion of the physician, surgeon or nurse. As also, a stout, tinned iron-wire, of appropriate length, having a circular piece of metal *at one end*, designed to fill up said cavities by the aid of a tunnel, with a suitable outlet, and a hook *at the other end*, for gutting or emptying the same. Said iron hook is also designed and used for withdrawing the *foveat* from the heated water, and placing the same in the machine or *compressor*. Moreover, the largest sized *foveat* is formed as follows, viz.—of two yards of said silk, cotton, linen or woolen cloth (half a yard wide), spread on a table; half a yard of it is then to be covered with battins of lamb's wool, and the wool is then to be covered by the next half yard of the cloth, and run with a needle and strong thread from side to side, at the incipient part of it; the two sides are then to be bound with suitable binding. In the next place, a circular stick of pine, or other wood, an inch in diameter, of length equal to the width of the cloth, close to and parallel with the running, and the square cloth to be retroverted smoothly over it (the stick), and pinned down at each edge. The stick is then to be withdrawn, and another running effected from one pin to the other. At the distance of one fourth or one third part of an inch from the last running, another is to be made, parallel with it. The stick is again to be laid down as before, and the same process gone over, till all the space covered by the battins be taken up. Two or three loops should be firmly attached to one end of the battened part, at proper distances, for upholding the *foveat* while the cavities are filling or evacuating.

The *compressor* is made of six pieces of hard wood, secured by two stout butt hinges and fourteen screws; the bottom is twelve inches wide, eighteen inches long, and one inch thick. The upper part, or lid, is of the same width, and twenty-five in length, inclusive of the handle. Ledges, one third of an inch in thickness, three inches and a half in width, at the posterior part, and two inches at the anterior, are affixed by screws to the bottom, so as to make it an inclined plane for discharging all the waste water. To prevent its warping, and add to its solidity, cleets of one inch in thickness are screwed on, across the rear part of the top and bottom. The manner of preparing aromatic baths for many years last past is well known; and whenever circumstances require fomentations very strong, or very astringent, common rum, or alcohol, or alum, and divers other substances drawn from the vegetable and mineral kingdoms of nature, may also be put in requisition, as the sagacity and skill of the prescriber may dictate. The present mode of preparing and using baths is necessarily tardy. On the contrary, instead of waiting for the collection of the herbs or other substances, and making a strong decoction of them beforehand, my *improved mode* consists in having the aromatic and astringent ingredients primarily compressed rather loosely into parallel cavities, assigned them in my *foveat:* and as soon as the kettle of water is heated sufficiently, the process may be begun, by placing it in the sick room, under the edge of a firm table or bench; then dipping the *foveat* into the water, by means of the hook, or any better way, withdraw it, and put it into the *compressor*, which should be placed directly over the water, on the table or bench. It is then instantly squeezed dry, and applied to the diseased part or wound of the patient. Now, as moist heat, long continued, is often highly requisite, and more advantageous if so applied, without intervals of time, it becomes expedient that the *foveat* should not lose its acquired heat;—a supply of caloric, therefore, may readily be communicated to the *foveat* in sufficient quantities, by means of large sponges plunged into the kettle of water, and after compression applied to the outer surface of the *foveat*, which is stationary for a while.

If the weight of the *foveat* should be too onerous, or too hot, a remedy is easily provided by propping it with pieces of whalebone, or other substitute; but, generally, the greater the torpor of the diseased part, the more intense heat will be endurable and desirable.

Cambridge, Sept. 18, 1832.

The Medical Society of Connecticut assembled, in Convention, at Hartford, on the 8th of the present month. The organization of the present year is as follows:—

Samuel Buel, M.D., *President.*
Thomas Miner, M.D., *Vice President.*
Joseph Palmer, M.D., *Treasurer.*
Charles Hooker, M.D., *Secretary.*

The Convention has petitioned the Legislature of that State, to pass an act, similar to the one lately adopted in Massachusetts, for legalizing the study of anatomy.

Caution to Schoolmasters.—A *post-mortem* examination took place at St. George's Hospital, London, in the case of a lad (James Goddard), who was admitted a short time previously under the care of Mr. Brodie, at which time he complained of a pain over the region of the loins and pubes. Mr. Brodie examined his bladder with a sound, but could detect no stone, only a slight irregularity about the *cervix vesicæ*. He was blistered over the loins, with some benefit, and was able, in consequence, to retain his water better than before, and took calomel and saline purgatives. The nurse had just dressed his blister in the evening, when he was suddenly seized with a fit. Stertorous breathing and dilated pupils occurred, and he died. After death the vessels of the brain were found greatly injected, the kidneys were of a large size, lobulated, and filled with thick, flaky, coagulable lymph, some of it clear and transparent, and Mr. Brodie remarked that he had seen this clear lymph passed sometimes with the urine. The ureters were found also obstructed, and their coats thickened, and the mucous membrane of the bladder was highly inflamed. Mr. Brodie ordered the bladder and kidneys to be put up for an anatomical preparation in the museum, and a drawing of them to be taken by Mr. Perry. We believe the boy dated all his sufferings to his being confined at school for six hours, without being allowed to go out to make water.—*London Lancet.*

Chemical Philosophy 150 *years ago.*—'It seems a little strange at first that so strong a poison as *sublimate corrosive* should be reduced into so mild a remedy (*as sweet sublimate*) by the addition of nothing but *mercury*. But you ought to wonder no longer, when you consider that those spirits which caused the corrosion were then shut up in a strait room, but being now divided and enlarging their quarters, cannot in reason act with such force ; besides that by the repeated action of fire, the subtler part of their points is blunted against the body of *mercury*.

'The purgative quality of *sweet sublimate* does consist in the acids that remain ; wherefore if you should sublime it twice or thrice more, the sublimate would not be at all purgative, but only sudorific. And it is then more proper to raise a flux with, than it was before ; for having lost those salts which by irritating the stomach and guts, did render it purgative, it is the more disposed for rarefaction in the body, and so to join with the ferment of venereal tumors.

'*Mercury* prepared any way whatsoever ought to be taken inwardly no other way than in pills, but by no means in potion, for fear it should stick to the gums, and so spoil and loosen the teeth.'

This is a true extract from *Lemery*, of whom the translator in the dedicatory epistle, observes, 'He is an excellent operator, his reasonings are close and pertinent to the matter in hand, and all deduced from matter of fact ; insomuch that I think he may be said to have purified and refined Chemistry from the many dregs and feculencies, which by other men's over-refining and over-curious diligence it had been tainted with.'

We often hear of the giant march of improvement and discovery in the sciences ; but where shall we look for so full an exemplification of this progression, as in the delightful science of Chemistry ?—*West. Med. Gaz.*

Congenital Teeth.—Dr. Dewees, in his popular work on the diseases of children, says he never saw but one child born with two teeth, and he also affirms that children who have teeth at birth seldom live over two or three years. A case occurred at Frankford, Penn. in 1828, of an infant born with two teeth, one of which soon decayed, but the other remained. It is believed that the child is yet living.—*Ibid.*

Preservation of Milk.—M. Dirchoff gives the following plan for keeping milk for an indefinite space of time. New milk is to be slowly evaporated over a gentle fire, until it is reduced to a dry powder. This powder is then put into a bottle hermetically sealed. When the milk is wanted for use, it is only requisite to dissolve a portion in water, and the solution will have all the qualities as well as taste of milk.

Report. Pat. Inven.

Whole number of deaths in Boston for the week ending May 11, 14. Males, 5—Females, 9.

Of infantile, 1—croup, 1—disease of the heart, 1—dropsy on the brain, 1—consumption, 2—inflammation on the brain, 1—inflammation of the lungs, 1—brain fever, 1—unknown, 1—marasmus, 1—suicide, 1—typhous fever, 1—sudden, 1.

ADVERTISEMENTS.

NEW WORK ON MINERALOGY AND GEOLOGY.

CLAPP & HULL have just published the second volume of 'Familiar Lessons in Mineralogy and Geology, designed for the use of young Persons and Lyceums. By Jane Kilby Welsh, Author of "The Pastime of Learning, with Lessons in Botany."'

The work is now complete. It comprises the subjects of Mineralogy, Conchology and Geology. The lessons are occasionally interspersed and enlivened with domestic sketches and moral reflections, and are illustrated by colored lithographic drawings, and numerous engravings on wood. Each volume contains 400 pages, including a vocabulary of the terms used in these studies.

The author and the publishers have received testimonials from gentlemen conversant with the sciences treated of in this work, of their favorable opinion of its merits, some of which are given below.

Extract from a Letter to the Author, from Professor Hitchcock, of Amherst.—'Allow me to say, that I am pleased with your work in general, and think that by interweaving domestic scenes with Natural History, you will attract more to its pages than by a naked exhibition of facts. I think it will do much to advance the cause of Natural History, of Virtue and Religion.'

Extract from a Letter to the Author, from Professor Nuttall, of Cambridge.—'I have looked over your manuscript, and think it will prove useful and acceptable to those who wish a plain introduction to Mineralogy, &c.'

Extract from a Letter to the Author, from Mr. Francis Alger, of Boston.—'I have read with no little interest the manuscript which you have entrusted with me, and am satisfied that its publication should not be delayed. By blending, in the form of domestic scenes, lively moral and religious reflections, with naked facts and details in science, you have given a character to your work, which happily adapts it to the wants of *young students;* while its easy, familiar style, and conformity in arrangement with the latest and most approved systems, cannot fail to lay open to their minds, as well as to general readers, a competent knowledge of two of the most important branches of Natural History.'

A Letter to the Publishers, from Mr. Josiah Holbrook, of Boston.—'I have lately examined the manuscript of a treatise on Mineralogy, by Miss Welsh. The plan, materials, and spirit of the work, I have no doubt, from the slight examination I have been able to give it, will render it an acceptable gift to the cause of Science and of Popular Education, and am therefore glad to learn that you have concluded to give it to the public.'

HARVARD UNIVERSITY.

MEDICAL LECTURES.

The MEDICAL LECTURES in HARVARD UNIVERSITY will begin in the Massachusetts Medical College, Mason Street, Boston, the *third Wednesday in October next*, at a quarter before nine, A. M., and continue four months.

Anatomy and Surgery, Dr. Warren.
Chemistry, Dr. Webster.
Materia Medica, Dr. Bigelow.
Midwifery and Medical Jurisprudence, Dr. Channing.
Theory and Practice of Physic, { Dr. Jackson, Dr. Ware.

WALTER CHANNING, *Dean.*

Boston, May 15, 1833. 1aft.

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